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## **MONTCALM AREA INTERMEDIATE SCHOOL DISTRICT**

Mail to:

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Montcalm ISD Truancy

621 N. State St., Stanton, MI 48888

# **TRUANCY REFERRAL FORM**

**(Grade 6 – Age 18)**

2024-2025 School Year

| **Student’s Name**: | | | |  | | | | | |  | | | | ☐ **Male** | | ☐ **Female** | | **Birthdate**: | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grade**: | | | |  | | **School Building**: | | | |  | | | |  | | | | | | | |
| **Father’s Name**: | | |  | | | | | | |  | | | | **Home Phone**: | | |  | | | | |
| **Address:** |  | | | | | | | **City**: | |  | | | |  | | | **Zip**: | | |  | |
| **Employer**: | | |  | | | | | | |  | | | | **Work Phone**: | | |  | | | | |
| **Mother’s Name**: | | |  | | | | | | |  | | | | **Home Phone**: | | |  | | | | |
| **Address**: |  | | | | | | | **City**: | |  | | | |  | | | **Zip**: | | |  | |
| **Employer**: | | |  | | | | | | |  | | | | **Work Phone**: | | |  | | | | |
| **Guardian Name**: | | |  | | | | | | |  | | | | **Home Phone**: | | |  | | | | |
| **Address**: |  | | | | | | | **City**: | |  | | | |  | | | **Zip**: | | |  | |
| **Employer**: | | | |  | | | | | |  | | | | **Work Phone**: | | |  | | | | |
|  | | **Guardianship confirmed by**: ☐ Letter of Authority ☐ Power of Attorney | | | | | | | | | | | | | | | | | | | |
| **Name of Person child resides with**? | | | | | | |  | | | |  | | | | | | | | | | |
|  | | If different than above, please provide address, phone number, and employer’s name and work number: | | | | | | | | | | | | | | | | | | | |
|  | | **List dates that parent/guardian were contacted and method of contact (phone, letter, home visit, in person):** | | | | | | | | | | | | | | | | | | | |
|  | | | |  |  | | |  | | | |  | | |  |  | |  | | |  |
| **Date** | | | | | | | | |  | | | | **Method** | | | | | | **Reason for Contact** | | |
|  | | | | | | | | |  | | | |  | | | | | |  | | |
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|  | | | |  |  | | |  | | | |  | | |  |  | |  | | |  |
|  | | Are the student’s absences to illness or suspension(s)? ☐ Yes ☐ No | | | | | | | | | | | | | | | | | | | |
|  | | Is the student experiencing any physical, emotional, or mental obstacles? ☐ Yes ☐ No | | | | | | | | | | | | | | | | | | | |
|  | | If yes, what obstacles: | | | | | | | | | | | | | | | | | | | |

| Is the student currently failing? ☐ Yes ☐ No (attach current report card/grades) |
| --- |
| Truancy Referral  Page 2 of 3  (calendar is page 3 of 3) |
| Is there a prior history of confirmed absences (including elementary)? ☐ Yes ☐ No  (Explain): |
| What current support services are in place for student and/or what referrals have been made to correct the  attendance issue? Include dates if applicable and who provided the referral. |
| ☐ teacher intervention (explain): |
| ☐ administrative intervention (explain): |
| ☐ mentor (explain): |
| ☐ tutoring (explain): |
| ☐ individual/small group instruction (explain): |
| ☐ school counseling (explain): |
| ☐ participating in outside counseling (Name of Agency): |
| ☐ Referral to Behavioral Health: |
| ☐ Referral to Department of Human Services: |
| ☐ Referral to Health Department (lice): |
| ☐ other: |
|  |
| Are there any other special circumstances that should be addressed? ☐ Yes ☐ No  If yes, please explain: |

**\*\*\* ATTACH COPIES OF ATTENDANCE RECORDS, CONTRACTS (BETWEEN SCHOOL AND PARENT AND/OR STUDENT), CORRESPONDENCE (ALL LETTERS WRITTEN TO THE PARENT AND/OR RECEIVED BY THE PARENT) OR ANYTHING ELSE RELATED TO THE ATTENDANCE PROBLEM\*\*\***

| **School Contact Information:** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Phone: |  | E-mail: |  | Fax: |  |

**SIGNATURE OF ADMINISTRATOR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature Please – MUST BE SIGNED) Date